Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
NVS4684		NVS4684NSP		B. WING		11/03/2009		
NAME OF PR	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
ADVANCE	MEDICAL STAFFING			4 N RANCHO DRIVE 5 VEGAS, NV 89130				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	RECTIVE ACTION SHOULD BE COM RENCED TO THE APPROPRIATE DA		
P 000	(EACH DEFICIENCY MUST BE PRECEDED BY FUREGULATORY OR LSC IDENTIFYING INFORMATION INITIAL COMMENTS Surveyor: 28381 This Statement of Deficiencies was generate a result of a State Licensure focused survey conducted in your facility on 11/03/09, in accordance with Nevada Administrative Code Chapter 449, Nursing Pools. The findings and conclusions of any investigations and the Health Division shall not be construed prohibiting any criminal or civil investigations actions or other claims for relief that may be available to any party under applicable federa state or local laws. Sixteen employee records were reviewed. The following regulatory deficiencies were identified:		y de, gation d as s, ral,	P 000	DEFICIENCY)			
	the health division. T	he ownership changed ownership has not beer	in					
P 049	449.7474 DUTIES OF APPLICANT	F LICENSEE OR		P 049				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

PRINTED: 12/03/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4684NSP 11/03/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3634 N RANCHO DRIVE **ADVANCE MEDICAL STAFFING** LAS VEGAS. NV 89130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Continued From page 1 P 049 P 049 2. A licensee or applicant for a license is responsible for: (b) Periodic administrative and professional evaluations of the nursing pool. The licensee or applicant shall receive, review and take action on recommendations made by the evaluating groups and maintain a record of that action. This Regulation is not met as evidenced by: Surveyor: 28381 Based on document review and staff interview, the facility failed to provide for an annual evaluation of the agency and provide recommendations to the licensee and provide documentation of those actions. Scope: 1 Severity: 1 P 051 449.7474 DUTIES OF LICENSEE OR P 051 **APPLICANT** 3. A licensee or applicant for a license shall adopt policies, including policies relating to the

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

care of patients, and bylaws for the nursing pool. The bylaws must be written, revised as needed and made available to the health division. The bylaws must contain not less than the

(a) A description of the persons to whom responsibilities for the administration and supervision of the program and the evaluation of practices may be delegated, and the methods by which the licensee or applicant will hold those persons

followina:

responsible.

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIEI IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED			
		NVS4684NSP	ı				/03/2009	
NAME OF PROVIDER OR SUPPLIER ADVANCE MEDICAL STAFFING			STREET ADDRESS, CITY, STATE, ZIP CODE 3634 N RANCHO DRIVE LAS VEGAS, NV 89130					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (EACH DEFICIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORMA			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE		
P 051	Surveyor: 28381 Based on interview a determined that the f	ot met as evidenced by and observation, it was facility has no written po ion of the Nursing Pool.	olicies	P 051				
P 056	QUALIFICATIONS/E 2. The administrator pool shall represent the daily operation of pool and appoint a phis authority in his abadministrator's responsible (b) Employing qualified and arranging for the and continuing education is negulation is negurous properties.	outies of a nursing the licensee in f the nursing erson to exercise osence. The onsibilities fied personnel eir orientation ation. ot met as evidenced by tiew and staff interview, k licensure of 1 of 16 tense had expired.		P 056				
P 057	449.7475 ADMINIST QUALIFICATIONS/D 2. The administrator pool shall represent the daily operation of pool and appoint a policy authority in his attackments administrator's response.	outles of a nursing the licensee in f the nursing erson to exercise osence. The		P 057				

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

PRINTED: 12/03/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4684NSP 11/03/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3634 N RANCHO DRIVE **ADVANCE MEDICAL STAFFING** LAS VEGAS. NV 89130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 057 Continued From page 3 P 057 include: (c) Developing and implementing an accounting and reporting system that reflects the fiscal experience and current financial position of the nursing pool. This Regulation is not met as evidenced by: Surveyor: 28381 Based on record review and staff interview, the facility failed to provide evidence of an accounting or reporting system that reflects the fiscal experience and current financial position of the Nursing Pool. Scope: 2 Severity: 1 P 070 449.7477 PERSONNEL POLICIES:MANITENANCE Section 14 A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 1. Wages and hours.

This Regulation is not met as evidenced by:

Based on observation and interview, the facility failed to maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel.

Surveyor: 28381

Scope: 2 Severity: 1

PRINTED: 12/03/2009 FORM APPROVED Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS4684NSP 11/03/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3634 N RANCHO DRIVE **ADVANCE MEDICAL STAFFING** LAS VEGAS. NV 89130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 072 Continued From page 4 P 072 P 072 449.7477 PERSONNEL P 072 POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 3. Maintenance of a current record of the health of each member of the staff. This Regulation is not met as evidenced by: Surveyor: 28381 NAC 441A.375 Medical facilities and facilities for the dependent: Placement and care of cases and suspected cases; surveillance and testing of employees. 3. Before initial employment, a person employed in a medical facility or a facility for the dependent shall have a: (a) Physical examination or certification from a licensed physician that the person is in a state of good health, is free from active tuberculosis and any other communicable disease in a contagious stage; and (b) Mantoux tuberculin skin test, including persons with a history of bacillus Calmette-Guerin (BCG) vaccination. If the employee has no documented history of a 2

-Step Mantoux tuberculin skin test and has not had a single Mantoux tuberculin skin test within the preceding 12 months, then a 2-Step Mantoux tuberculin skin test must be administered. A single annual Mantoux tuberculin skin test must

be administered thereafter.

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4684NSP 11/03/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3634 N RANCHO DRIVE **ADVANCE MEDICAL STAFFING** LAS VEGAS, NV 89130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 072 P 072 Continued From page 5 4. An employee with a documented history of a positive Mantoux tuberculin skin test is exempt from screening with skin test or chest radiographs unless he develops symptoms suggestive of tuberculosis. 5. A person who demonstrates a positive skin test administered pursuant to subsection 3 shall submit to a chest radiograph and medical evaluation for active tuberculosis. 6. Counseling and preventive therapy must be offered to a person with a positive Mantoux tuberculin skin test in accordance with the recommendations of the American Thoracic Society and the American Lung Association set forth in "Tuberculosis: What the Physician Should Know." 7. A medical facility shall maintain surveillance of employees for the development of pulmonary symptoms. A person with a history of tuberculosis or a positive tuberculin skin test shall report promptly to the infection control specialist, if any, or to the director or other person in charge of the medial facility if the medical facility has not designated an infection control specialist, when any pulmonary symptoms develop. If symptoms of tuberculosis are present, the employee shall be evaluated for tuberculosis. Based on record review and staff interview, the facility failed to show evidence of proper tuberculosis (TB) testing for 10 of 16 employees. (Employee #1 - Missing evidence of a 2nd step TB test, Employee #2 - More than 1 year elapsed between the most recent 1st and 2nd steps. Employee#4 - No evidence of a positive TB test received chest X-ray on 09/06/2009, Employee #5 - More than 1 year elapsed between most

recent 1st and 2nd steps, Employee #10 - No

Bureau of Health Care Quality & Compliance

		(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
NVS4684NSP			B. WING		11/03/2009		
OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	ATE, ZIP CODE			
ADVANCE MEDICAL STAFFING							
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	RRECTIVE ACTION SHOULD BE COMPLETE ERENCED TO THE APPROPRIATE DATE		
Continued From page 6			P 072				
Employee #11 - No e - received chest X-ray #12 - No evidence of Employee #14 - No e test, Employee #15 - tests, Employee #16 TB test - received che The facility failed to m pre-hire physical for 1	vidence of a positive TI y on 08/01/2007, Employ a 2nd step TB test, vidence of a 2nd step T No evidence of any TB - No evidence of a positest X-ray on 08/27/2008 maintain a record of the I of 16 employees.	B test byee TB tive 3.)					
A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 4. Orientation of all health personnel to the policies and objectives of the nursing pool, training while on the job and continuing education. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation, review of records, and interview with the Administrator, the facility failed		d	P 073				
	ROVIDER OR SUPPLIER SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I Continued From page evidence of any TB te Employee #11 - No e - received chest X-ray #12 - No evidence of Employee #14 - No e test, Employee #15 - tests, Employee #16 TB test - received che The facility failed to m pre-hire physical for 1 (Employee #7 - had m examination.) Scope: 2 Severity: 2 449.7477 PERSONN POLICIES:MANITEN A nursing pool shall m policies concerning th qualifications, respon conditions of employr category of personne licensure when requir written policies must in policies concerning th qualifications, respon conditions of employr category of personne licensure when requir written policies must in policies concerning th qualifications of employr category of personne licensure when requir written policies must in policies on the policies of the nurs provide for: 4. Orientation of all h personnel to the polic objectives of the nurs training while on the j continuing education. This Regulation is no Surveyor: 28381 Based on observation interview with the Adr to ensure that all hea	NVS4684NSP ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FUR REGULATORY OR LSC IDENTIFYING INFORMATI Continued From page 6 evidence of any TB tests in more than 1 yea Employee #11 - No evidence of a positive TI - received chest X-ray on 08/01/2007, Employee #12 - No evidence of a 2nd step TB test, Employee #15 - No evidence of a young test, Employee #15 - No evidence of a posit TB test, Employee #16 - No evidence of a posit TB test - received chest X-ray on 08/27/2006 The facility failed to maintain a record of the pre-hire physical for 1 of 16 employees. (Employee #7 - had no evidence of a physic examination.) Scope: 2 Severity: 2 449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 4. Orientation of all health personnel to the policies and objectives of the nursing pool, training while on the job and continuing education. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation, review of records, an interview with the Administrator, the facility for ensure that all health personnel were	ROVIDER OR SUPPLIER E MEDICAL STAFFING SUMMARY STATEMENT OF DEFICIENCIES: (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 evidence of any TB tests in more than 1 year, Employee #11 - No evidence of a positive TB test - received chest X-ray on 08/01/2007, Employee #12 - No evidence of a 2nd step TB test, Employee #15 - No evidence of a 2nd step TB test, Employee #15 - No evidence of a positive TB test, Employee #16 - No evidence of a positive TB test received chest X-ray on 08/27/2008.) The facility failed to maintain a record of the pre-hire physical for 1 of 16 employees. (Employee #7 - had no evidence of a physical examination.) Scope: 2 Severity: 2 449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 4. Orientation of all health personnel to the policies and objectives of the nursing pool, training while on the job and continuing education. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation, review of records, and interview with the Administrator, the facility failed	RECORRECTION NVS4684NSP ROYJOER OR SUPPLIER MEDICAL STAFFING SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 evidence of any TB tests in more than 1 year, Employee #11 - No evidence of a positive TB test - received chest X-ray on 08/01/2007, Employee #12 - No evidence of a 2nd step TB test, Employee #15 - No evidence of a positive TB test, Employee #16 - No evidence of a positive TB test, Employee #16 - No evidence of a positive TB test, Employee #175 - No evidence of a positive TB test, Employee #16 - No evidence of a positive TB test, Employee #175 - No evidence of a positive TB test, Employee #16 - No evidence of a positive TB test, Employee #175 - No evidence of a positive TB test, Employee #16 - No evidence of a positive TB test - received chest X-ray on 08/27/2008.) The facility failed to maintain a record of the pre-hire physical for 1 of 16 employees. (Employee #7 - had no evidence of a physical examination.) Scope: 2 Severity: 2 449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 4. Orientation of all health personnel to the policies and objectives of the nursing pool, training while on the job and continuing education. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation, review of records, and interview with the Administrator, the facility failed to ensure that all health personnel were	DENTIFICATION NUMBER: NVS4684NSP STREET ADDRESS. CITY, STATE, ZIP CODE 3634 N RANCHO DRIVE LAS VEGAS, NV 89130 SUMMARY STATEMENT OF DETICIONED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 evidence of any TB tests in more than 1 year, Employee #11 - No evidence of a positive TB test, - received chest X-ray on 08/01/2007, Employee #12 - No evidence of a 2nd step TB test, Employee #14 - No evidence of a positive TB test, Employee #16 - No evidence of any TB tests, Employee #16 - No evidence of a positive TB test - received chest X-ray on 08/027/2008.) The facility failed to maintain a record of the pre-hire physical for 1 of 16 employees. (Employee #7 - had no evidence of a physical examination.) Scope: 2 Severity: 2 449.7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 4. Orientation of all health personnel to the policies and objectives of the nursing pool, training while on the job and continuing education. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation, review of records, and interview with the Administrator, the facility failed to ensure that all health personnel were	TOWNER OR SUPPLIER NVS4684NSP STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES RECOLLATORY OR LSC IDENTIFYING BYFORMATION) Continued From page 6 evidence of any TB tests in more than 1 year, Employee #11 - No evidence of a positive TB test, Employee #11 - No evidence of a 2nd step TB test, Employee #14 - No evidence of a 2nd step TB test, Employee #14 - No evidence of any TB test, Employee #16 - No evidence of any TB test, Employee #16 - No evidence of any TB test, Employee #17 - had no evidence of a positive TB test - received chest X-ray on 08/27/2008.) The facility failed to maintain a record of the pre-hire physical for 1 of 16 employees. (Employee #7 - had no evidence of a physical examination.) Scope: 2 Severity: 2 449,7477 PERSONNEL POLICIES:MANITENANCE A nursing pool shall maintain written policies concerning the qualifications, responsibilities and conditions of employment for each category of personnel, including licensure when required by law. The written policies must be reviewed as needed, made available to the members of the staff of the nursing pool and provide for: 4. Official of the nursing pool and provide for the nursing pool training while on the job and continuing education. This Regulation is not met as evidenced by: Surveyor: 28381 Based on observation, review of records, and interview with the Administrator, the facility failed to ensure that all health personnel were	

Bureau of Health Care Quality & Compliance

B. WING		(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE 3634 N RANCHO DRIVE LAS VEGAS, NV 89130				
ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE		
P 074				
G P 095				
	P 074	REET ADDRESS, CITY, STATE, ZIP CODE 634 N RANCHO DRIVE AS VEGAS, NV 89130 D		

Bureau of Health Care Quality & Compliance STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NVS4684NSP 11/03/2009 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3634 N RANCHO DRIVE **ADVANCE MEDICAL STAFFING** LAS VEGAS. NV 89130 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) P 095 Continued From page 8 P 095 overall evaluation of the nursing pool annually. The purpose of the evaluation is to audit the financial condition of the nursing pool, to review its policies and procedures, to recommend additions or changes to those policies and procedures, and to ensure compliance with those policies and with applicable regulations. This Regulation is not met as evidenced by: Surveyor: 28381 Based on document review and staff interview, the agency failed to provide an annual evaluation of the nursing pool as required by statute. 1. The agency lacked documented evidence of an annual evaluation that included an audit of the financial condition, review of policy and procedures and recommendation based on the audit of agency information. 2. The agency lacked a report to reflect an annual evaluation of the agency to submit to the licensee as required by statute. Scope: 2 Severity: 1